

Attorney Docket No.: 0200109C2

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Young, et al.SERIAL NO.: 10/054,327 FILED: November 13, 2001FOR: DSL Link with Embedded Control and Multi-Channel Capability

HONORABLE COMMISSIONER FOR PATENTS
 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
<u>FIRST MONTH AFTER TIME PERIOD SET</u>	110.00	55.00	\$
<u>SECOND MONTH AFTER TIME PERIOD SET</u>	420.0	210.00	\$
<u>THIRD MONTH AFTER TIME PERIOD SET</u>	950.00	475.00	\$
<u>FOURTH MONTH AFTER TIME PERIOD SET</u>	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	49	MINUS **50	* = 0	x 18	x 9	\$
INDEPENDENT	7	MINUS ***7	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

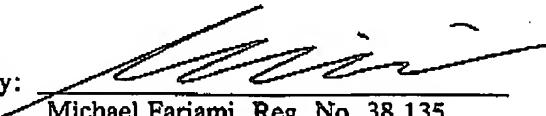
- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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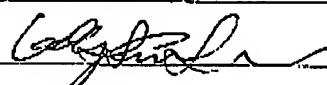
- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 8/18/04

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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